

## Maryland Department of Health and Mental Hygiene Behavioral Health Administration

## **DATA SHORTS**

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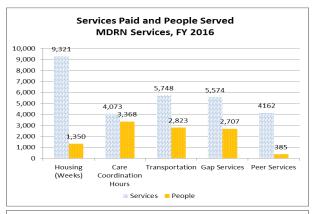
## Maryland RecoveryNetwork: Services Supporting Recovery for People With Substance Related Disorders

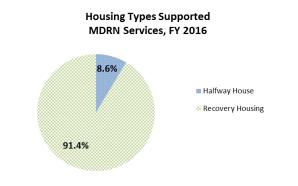
Several years ago, Maryland's Alcohol and Drug Abuse Administration (ADAA) received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand reimbursement for recovery supports through the Access to Recovery Services (ATR) program. These are generally non-clinical supports and are targeted to keeping people engaged in recovery while fostering independence, self-sufficiency, and stability. When federal funding for the ATR project expired, Maryland continued to provide most of the supports using State funding (these are not eligible for Medical Assistance reimbursement), through the Maryland RecoveryNetwork (MDRN) program. Today, the Behavioral Health Administration (BHA) continues to support providing the expanded program and most MDRN activities are authorized by BHA personnel and reimbursed through claims to Beacon Health Options (BHO). A small portion continue to be supported through grant funding. In order to maximize the number of people who can receive funding, there is a \$2,500 lifetime limit per person on MDRN services.

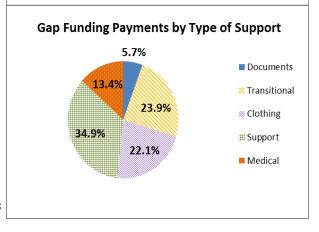
While anyone having a Substance Related Disorder (SRD) or co-occurring SRD and mental health disorders may be eligible for MDRN activities, these are especially important in supporting the recovery of those who have recently left formal treatment. Care coordination is mandatory for individuals leaving residential treatment. For those leaving outpatient treatment services, continuing care offers on-going support in their recovery. These can include both phone and face-to-face contacts, and can be especially important in identifying a need for a return to treatment and facilitating that process should the person's disorder become more acute.

All applicants for MDRN activities undergo an intake interview. If approved for service, they receive Care Coordination, through which they may access other MDRN supports. The services reimbursed by BHO include housing (halfway and recovery housing), care coordination (linking people to needed services), transportation, Peer Services (important support from Certified Peer Support specialists who have lived experience), and gap services. Gap services are divided into four categories: clothing, medical, transitional, and support. While clothing and medical are self-explanatory, transitional services are those related to people leaving residential services and/or moving into housing. Support services are those not covered by any other program and are very specific to an individual's recovery plan. For someone returning to school, the cost of books could be covered; for someone returning to work, the cost of tools or licensure might be covered.

The first graph shows the number of selected MDRN supports that were reimbursed during FY 2016 and the number of people being served. Over 4,500 people received MDRN supports in Maryland during FY 2016, most of whom received care coordination (some had been approved in FY 2015). Nearly one-third of those in the program also received housing; a majority of people also received transportation and gap services.







The second graph breaks the housing utilization into Halfway House and Recovery Housing. The greatest percentage of MDRN payments for housing is made for recovery housing, that are supportive, transitional, sober living facilities. They offer safe, recovery-oriented environments important for people transitioning from homelessness or whose usual residence is not conducive to recovery. In order to be reimbursed by MDRN, the recovery housing provider must be in good standing with the Maryland State Association of Recovery Residences (M-SARR) and in compliance with legislative requirements. Halfway houses, on the other hand, provide treatment in a clinically managed, recovery-supportive environment that fosters the development and application of recovery skills, and promotes personal responsibility and reintegration.

The final graph shows the distribution of "gap" services. The greatest percentage of payments is made for support services, followed by transitional services and clothing. MDRN services provide many essential supports for people who are receiving treatment for Substance Related Disorders, as well as for those who are no longer in formal treatment, to help them move into a life of recovery. A listing of MDRN providers can be found at http://bha.dhmh.maryland.gov/Pages/RecoveryNet-Provider-Directory.aspx.